

State of South Carolina Contribution Expenditure Report

Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023. This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive

| \$50,000,00 | Amount | |
|---------------|---|--------------------------|
| | State Agency Providing the Contribution | |
| Prenatal Care | Purpose | Contribution Information |

| | Organization Information |
|----------------|--|
| Entity Name | Pregnancy Center and Clinic of the Low Country |
| Address | 1 Cardinal Road, Suites 1&2 |
| City/State/Zip | Hilton Head Island, SC 29926 |
| Website | www.pregnancycenterhhi.org |
| Tax ID# | 57-0923523 |
| Entity Type | Nonprofit Organization |
| Entity Type | Nonprofit Organization |

Reporting Period Quarter 3: January 1, 2023 - March 31, 2023

Reporting Period

| | Organization Contact Information |
|----------------|---------------------------------------|
| Name | Ellen Sullivan |
| Position/Title | Executive Director |
| Telephone | 843.816-1735 |
| Email | ellen.sullivan@pregnancycenterhhi.org |

| Accounting | g of how the f | Accounting of how the funds have been | n spent: | | | | |
|-------------------------------------|----------------|---------------------------------------|-------------|-------------------------|------------------------------|-------------|-------------|
| | | 11 10 11 11 | | Expenditures | Name and Address of the Park | | |
| Description | Budget | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| Preofessional nursing staff | \$50,000.00 | \$50,000.00 \$12,500.00 | \$12,500.00 | \$12,500.00 | | \$37,500.00 | \$12,500.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total \$50,000.00 \$12,500.00 | \$50,000.00 | \$12,500.00 | \$12,500.00 | \$12,500.00 \$12,500.00 | \$0.00 | \$37,500.00 | \$12,500.00 |
| | | | | | | | |

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

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Expenditure Certification

The Organization certifies that the funds have been expended in accordance with ncy Providing the Distribution and for a public purpose.

Ellen Sullivan Signature

Printed Name

Title 4/4/2023

Executive Director

Date